

59th Medical Wing



U.S. AIR FORCE

59 MDW Gastroenterology Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 29 Sep 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Gastroenterology Product Line Review

Revised Financing Overview

Prospective Payment System

- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Goal 2: Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to:
 - Take care of our enrollees and meet our business plan targets
 - Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual 59 MDW Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

➡ Bottom-line: -\$6.0M

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

SA-MM Overview

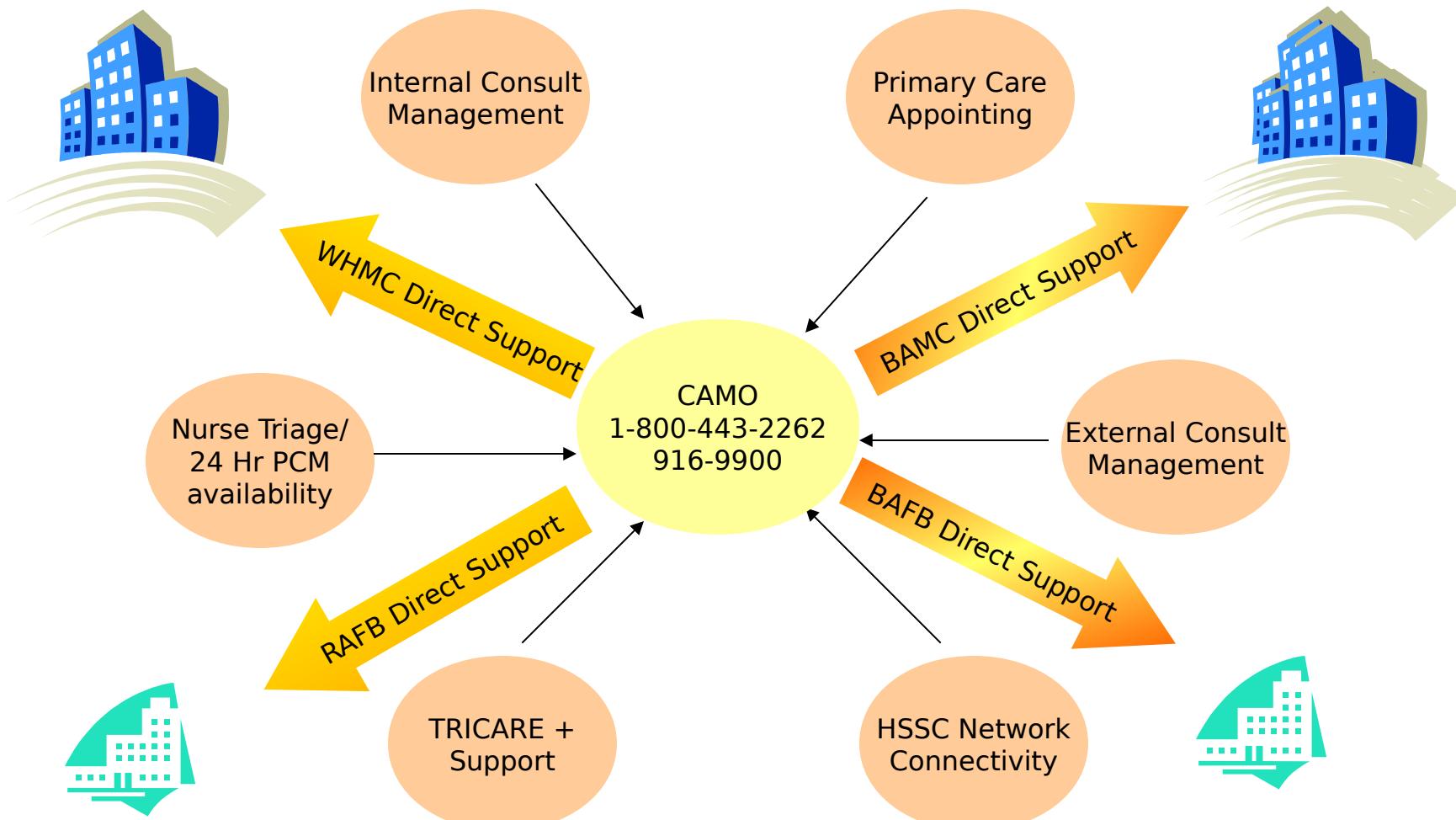
Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

SA-MM CAMO



CAMO

Referral Management/Consults

- a) All referrals will be generated in CHCS electronically
 - 1. One single portal for managing all consults in and out of the facilities
 - 2. All consults will be reviewed by the CAMO within 24 hours
 - a) If clinic review required, clinic reviews referral/consult and sends back to PAS within 24 hours with instructions for booking (or not booking)
 - 3. MTF appointment priority based on joint CAMO business rules:
 - a) AD/ TRICARE Prime
 - b) TRICARE Standard
 - c) TRICARE Plus (LOE)
 - d) Space-A Over 65 (appointment available within one-week or GME related)
 - 4. All referrals / consults for MTF beneficiaries will first try to be booked at MTF enrolled (e.g. BAMC); if not available at MTF enrolled, then will try to book in other SA MTF (e.g. WHMC)
 - a) If not available at either MTF, then referral / consult will be reviewed by CAMO-UM for clinical review for first right of refusal
 - b) If no resolution, then last resort is to send referral/consult to Humana for referral to network (TRICARE Plus will go directly to the TRICARE Referral Center)

Gastroenterology Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Gastro Initiatives and Issues
- Stoplights

Gastroenterology Clinic and Endoscopy Center Clinic Description

- Full service gastroenterology department
- Three year fellowship training - SAUSHEC/UTSA
- Full Scope of services
 - Upper and lower endoscopy, flexible sigmoidoscopy
 - ERCP and endoscopic ultrasound (EUS)
 - Manometry and 24 hour pH
 - Capsule Endoscopy
- BAMC – full time hepatologist; no capsule capability
- No cross coverage between facilities – cross support on some services (hepatology, capsule endoscopy)

Gastroenterology

GME Program Status

- Integrated Residency Program - Yes
- 2 AF Starts per Year/ 2-3 Army start per year
 - 5 Total AF Residents/ 8 Total Army Residents
 - Total 13 Residents in Integrated Program
- RRC Status: 5-year accreditation in 2000 - Due 2005
- Overall Program Health: Excellent
 - 100% Board Certification Pass Rate -100% since 1989
 - 100% on-time Graduation - two resignations (AF)
 - Scores: top 10% nationwide
 - Case Mix and Patient Volume:
 - 75% Prime/ 18% Tricare Plus/ 7% other (champus, not eligible champus)
 - Procedures
 - Minimum for competence assessment
 - EGD - 130/ CSP - 140/ Flex Sig 30-40/ ERCP 180-200/EUS 100
 - Peg 10/ Hemostasis 35/ Esoph stent 10/ Liver bx 25-30
 - What's optimum - to assure competence in all areas
 - Number varies, need to do excess of core cases to capture others

Gastroenterology Manpower and Staffing

Providers	AUTHORIZED			ASSIGNED					Staffing
	MIL	GS	Total		MIL	GS	K*	Total	
44M3D	1	0	1		1	0	0	1	100%
T44M3 - Staff	5	0	5	44M3	4	0	0	4	80%
44M3 - Fellows	14	0	14	4A0X1	13	0	0	13	93%
Total Providers (not include fellows)	6	0	6	Total	5	0	0	5	83%
AUTHORIZED				ASSIGNED					
Support Staff	MIL	GS	Total		MIL	GS	K	Total	Staffing
46N3 (RN)	2	2	4	46N3	2	2	0	4	100%
Spectrum Nurses - Resource sharing	0	0	4	Spectrum	0	0	0	4	100%
4N051 (1 GS on disability)	9	2	11	4N051	9	2	0	11	100%
4A051 -2 assigned to STAR clinic	2	1	3	4A051	2	1	0	3	100%
4A031	0	1	1	4A031	0	1	0	1	100%
Total Support Staff	13	6	23		13	6	0	23	100%

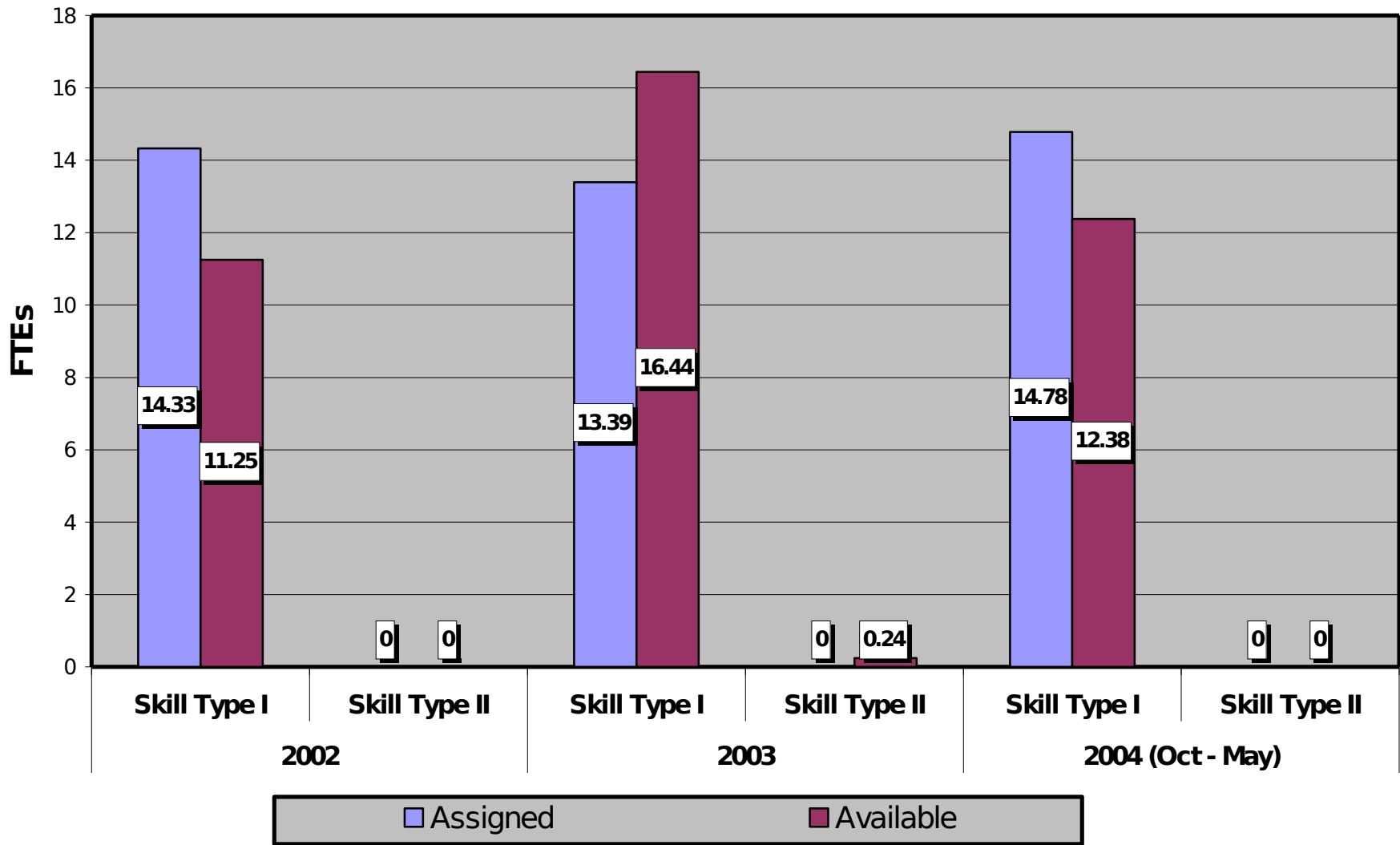
- MAPPG06 Changes
 - Officers (+1)
 - Enlisted (no change)
 - Civilian (-1)

Gastroenterology

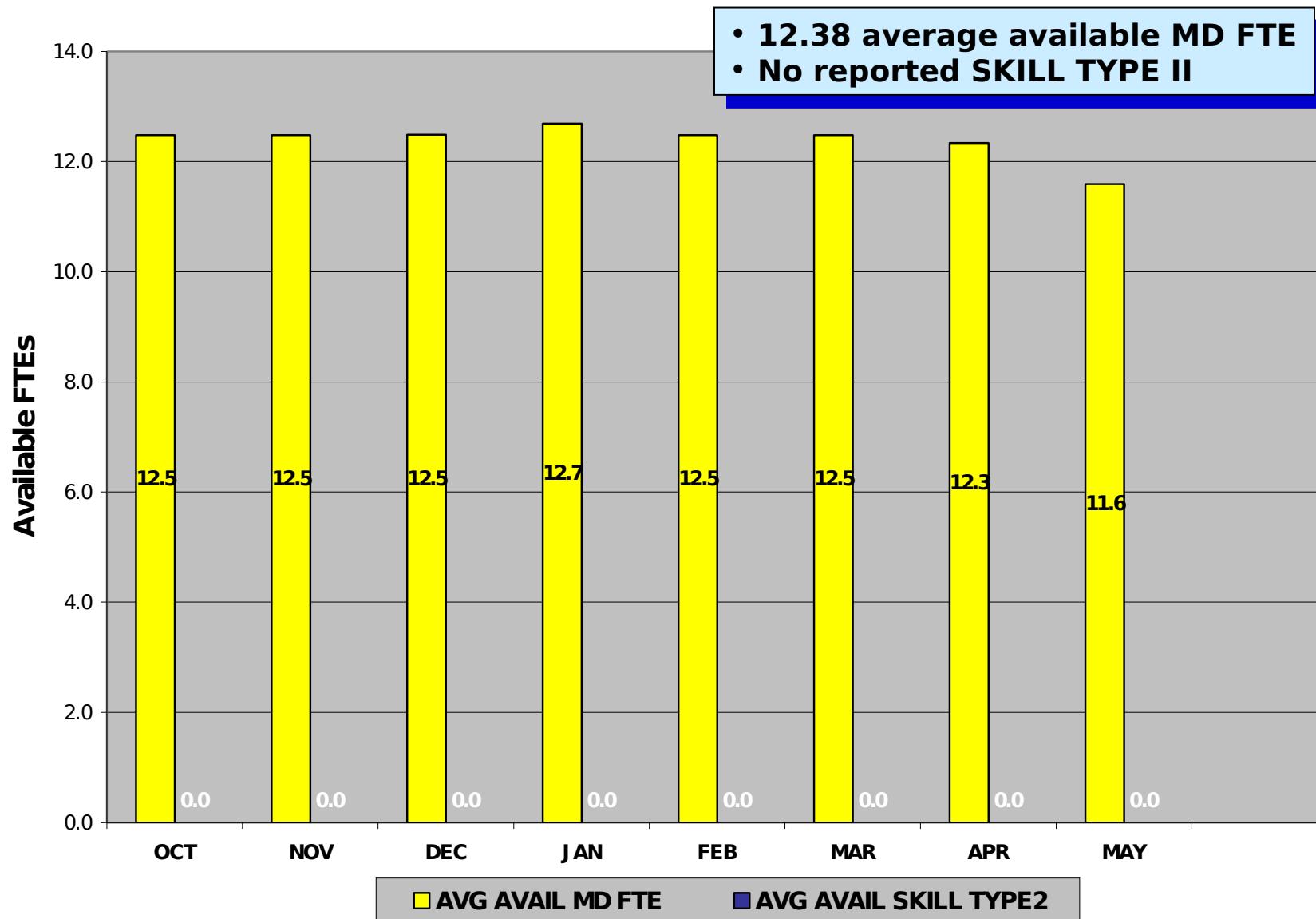
Manpower and Staffing (Con't)

- Resource Sharing Agreements and Contractors
 - 4 contract nurses for conscious sedation - Spectrum
 - 4.5 nurses utilized to fill total time authorized for 4 nurses
 - Provide conscious sedation, scheduling/teaching, procedure prep,
 - AFMS-wide staffing outlook:
 - Currently 14 gastroenterologists in the AFMS - 18 Authorized
 - MAPPG06 - authorizations at 20
 - Assigned Gastroenterologist Outlook
 - 2005 - 16 Projected
 - 2006 - 18 Projected
 - 2007 - 17 Projected

WHMC Gastroenterology FTE Reporting by Fiscal Year



Gastroenterology Monthly Reported Available FTEs Oct 03 - May 04



Gastroenterology

Mobility and Other Deployments

- Physician Deployments (SGX Database)
 - FY03:
 - None
 - FY04 Taskings:
 - Manning Assistance to Elmendorf AFB Aug 03-July 04
- FY03 Humanitarian and Civic Assistance
 - None on record

Gastroenterology

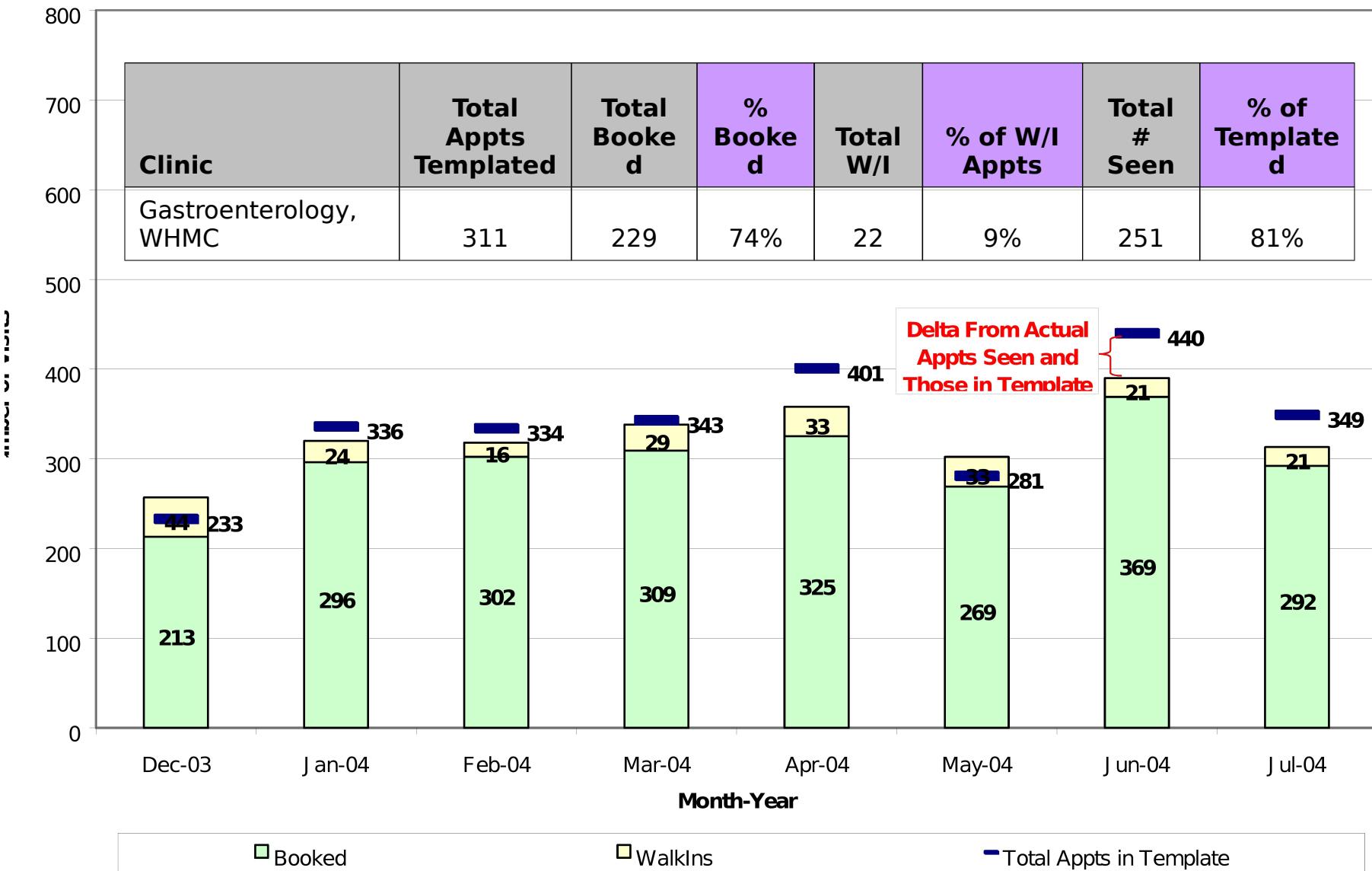
Access to Care

- Standard for Access to Specialty Care: 28 Days
- Gastroenterology Actual:
 - Met: 93% overall
 - # Appts Met: 222
 - Total # Appts: 239
 - Avg Wait Time for Access: 13.32 days

- Gastro is **meeting standard for** Routine Access to specialty care

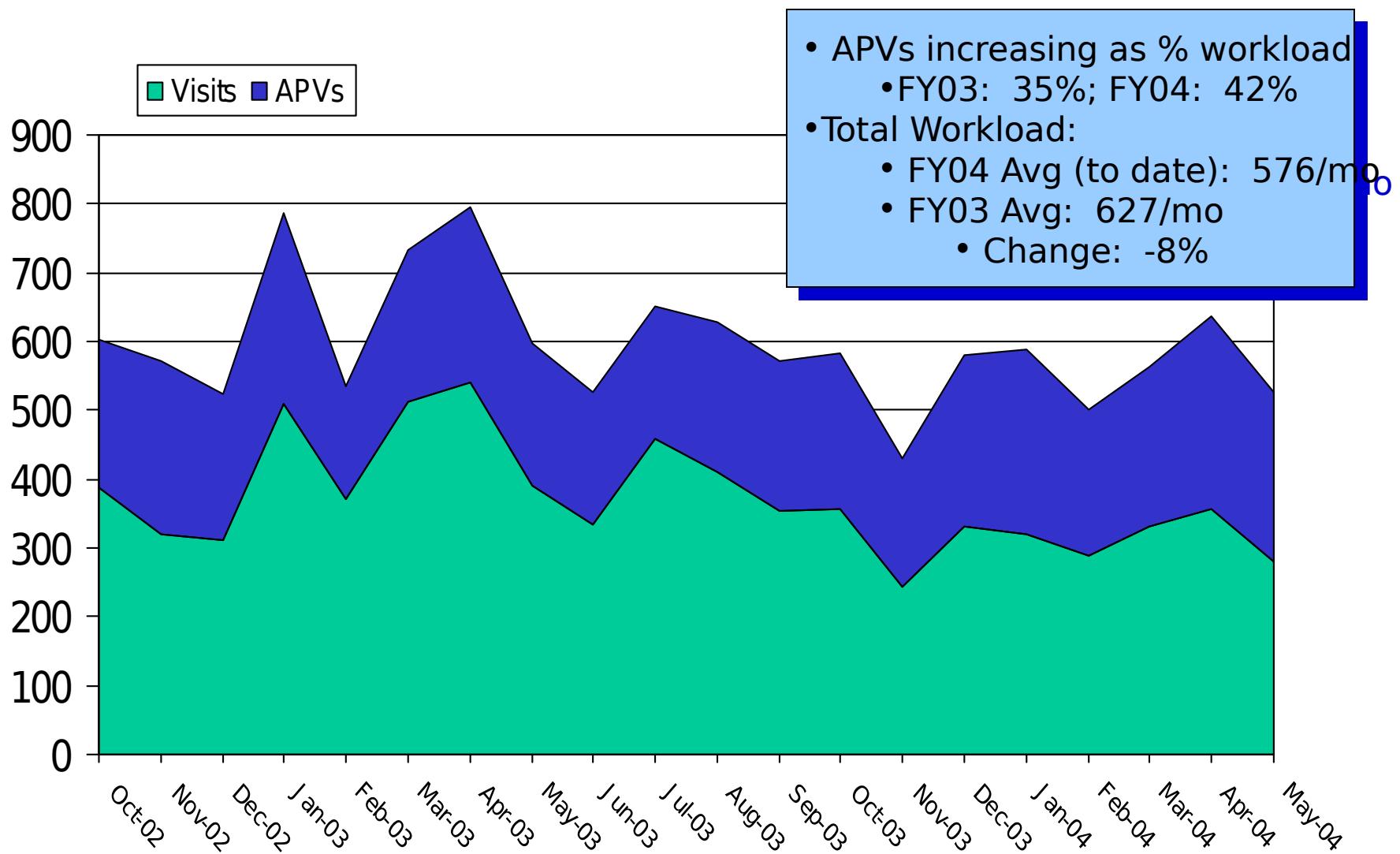
Gastroenterology Service Line: GASTROENTEROLOGY, WHMC

Does not include APVs



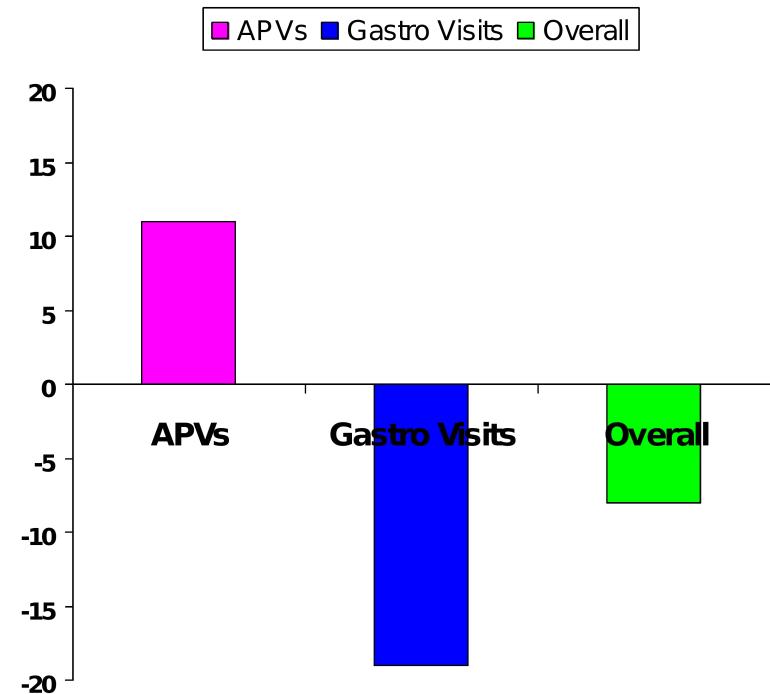
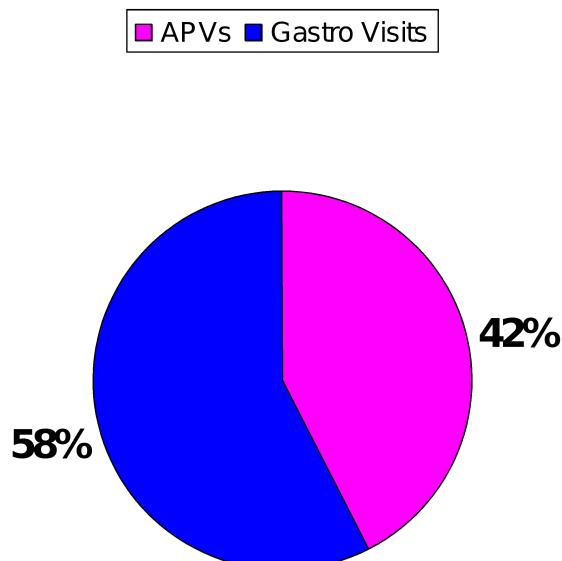
Gastroenterology

Total Visits Oct 02-Jun 04



Gastroenterology

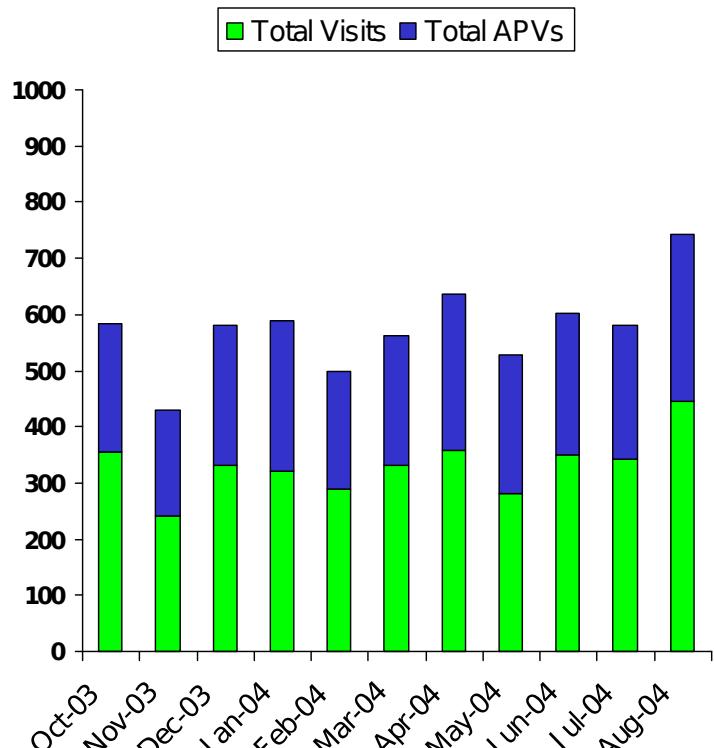
Appointment Type & Change (03 vs. 04)



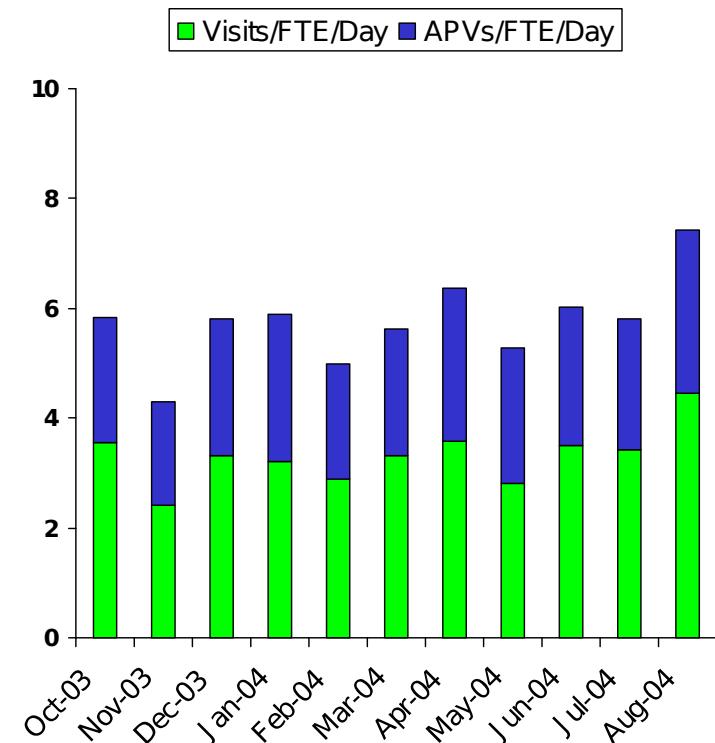
- Overall Gastro OP visits + APVs
- Decreased 8% over FY03

Gastroenterology

Workload Per Staff FTE/Day



Total Workload/Month



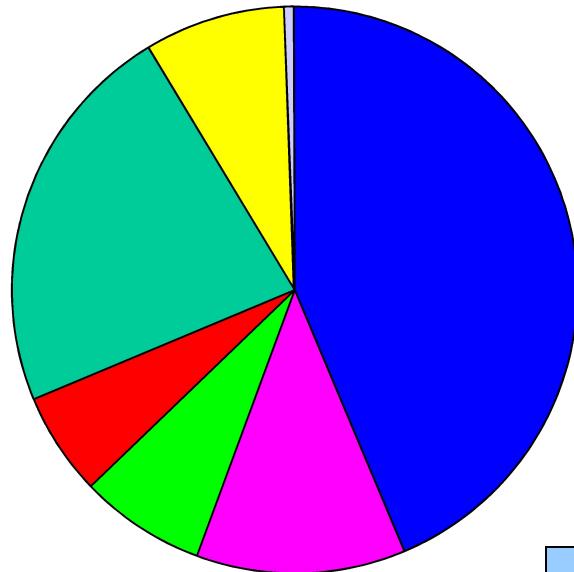
Total Workload/Staff FTE/Day*

* Assumes Avg 20 Duty Days/Month

Gastroenterology

Visits by Enrollment Category (FY03)

■ SAMM PRIME	■ SAMM AD	■ SA AD
■ SA Std	■ TP	■ TFL
■ CivEmerg	■ Other	

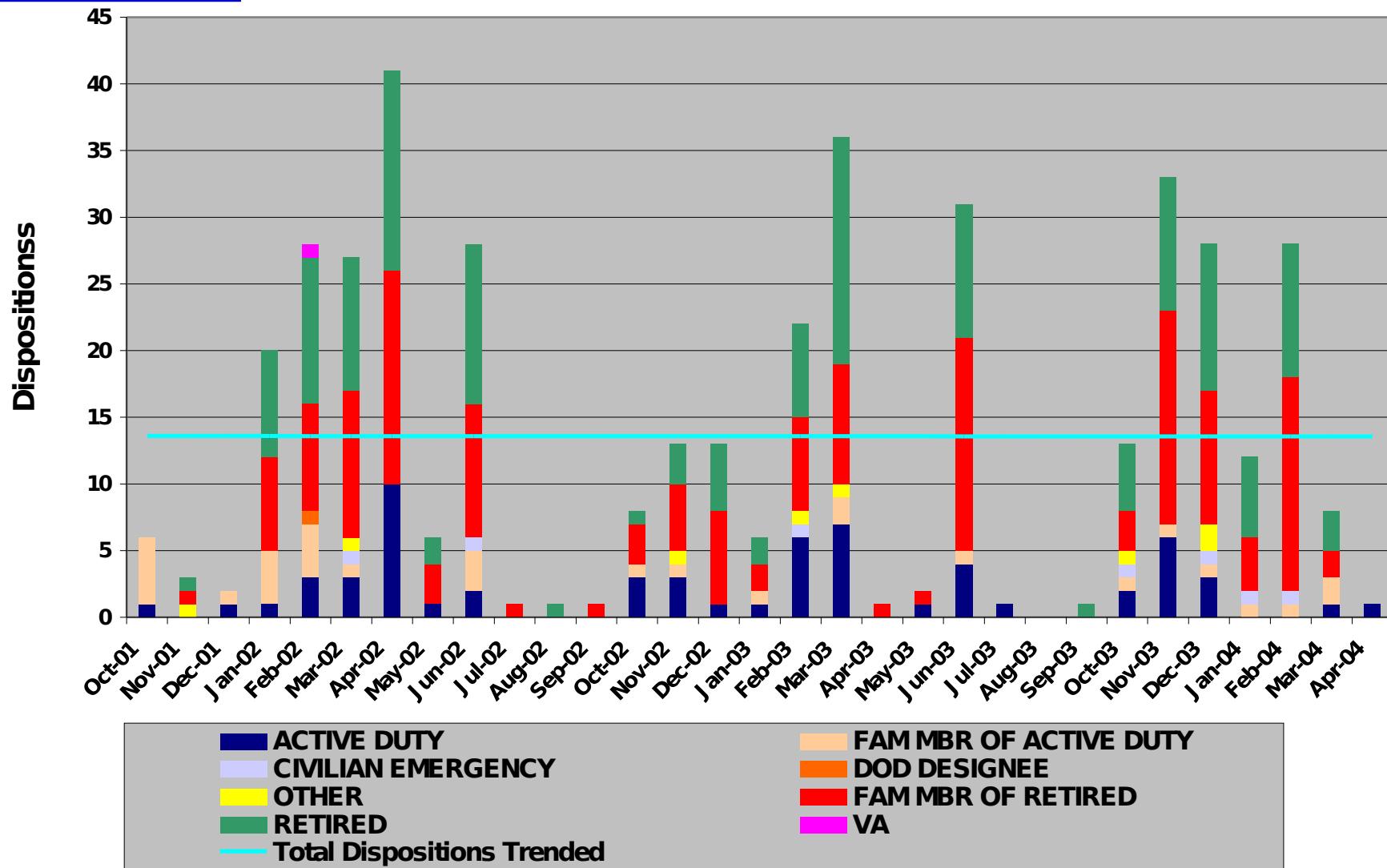


- Avg: 1.7 Visits per User
 - Plus/TFL: 1.8
 - PRIME: 1.7
 - AD/AD PRIME: 1.7
- Total FY03 CMAC: \$1.9M
 - Avg CMAC/Visit: \$282/visit
 - Plus/TFL: \$292/visit
 - PRIME: \$311/visit
 - Active Duty: \$232/visit

- Visits for SAMM PRIME and SA AD patients make up 63% of all visits; over age 65 beneficiaries are 31% of visits
- Prime under age 65 have highest cost/visit
- Over age 65 have highest visit/user

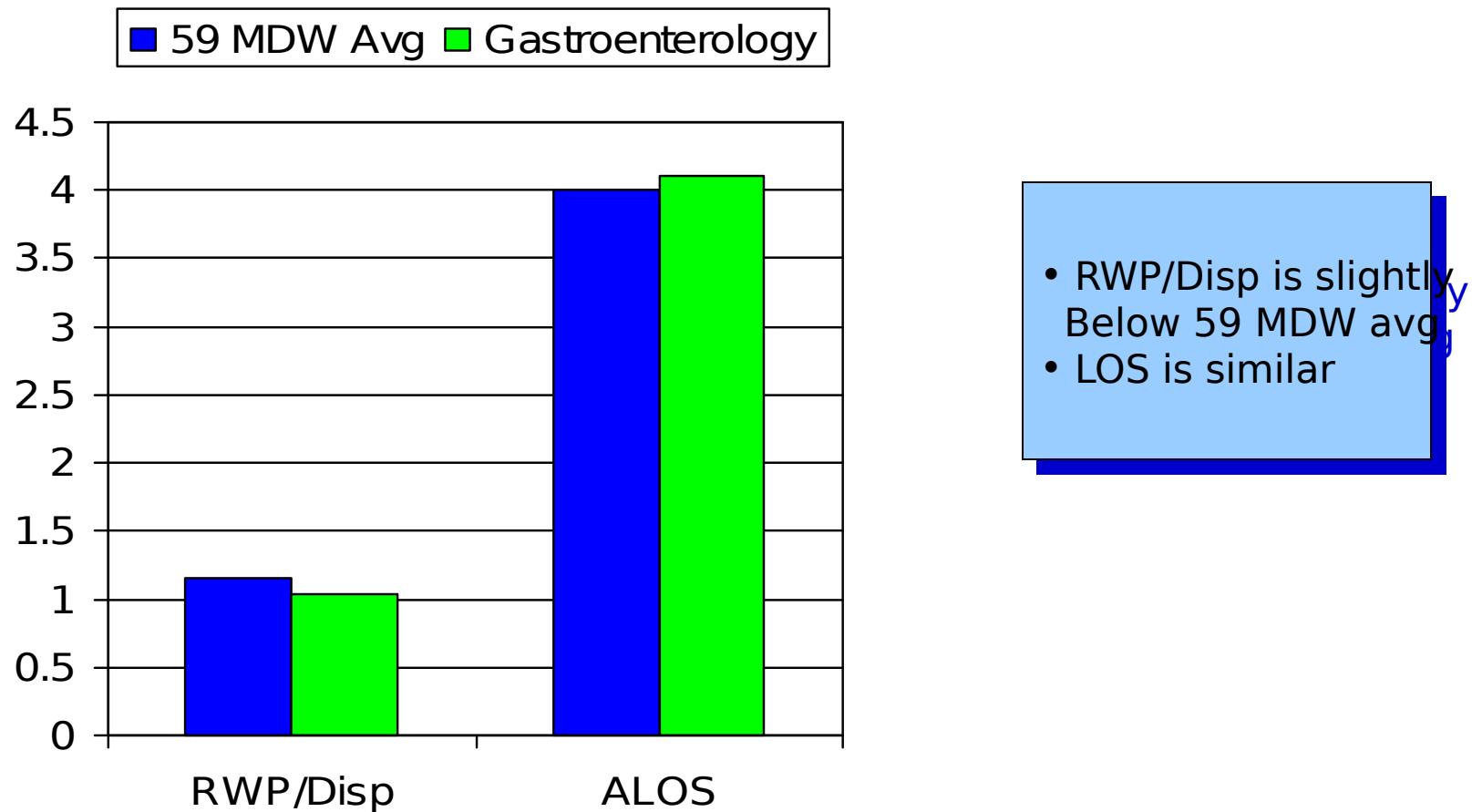
AVG RWP =
1.04
AVG LOS = 4.1

WHMC Gastroenterology Dispositions Trended FY02 to FY04



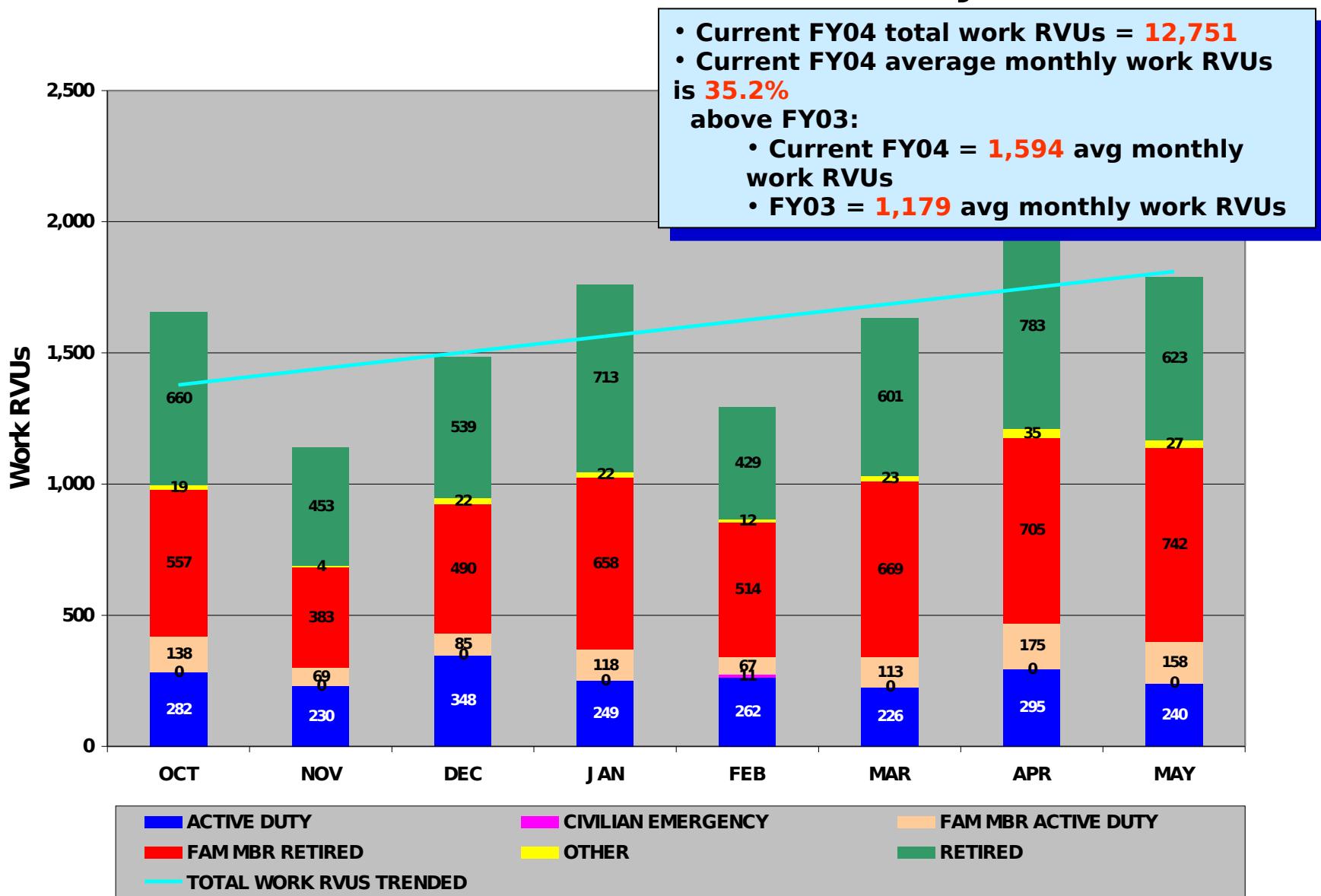
Gastroenterology

RWP and ALOS vs. Avg



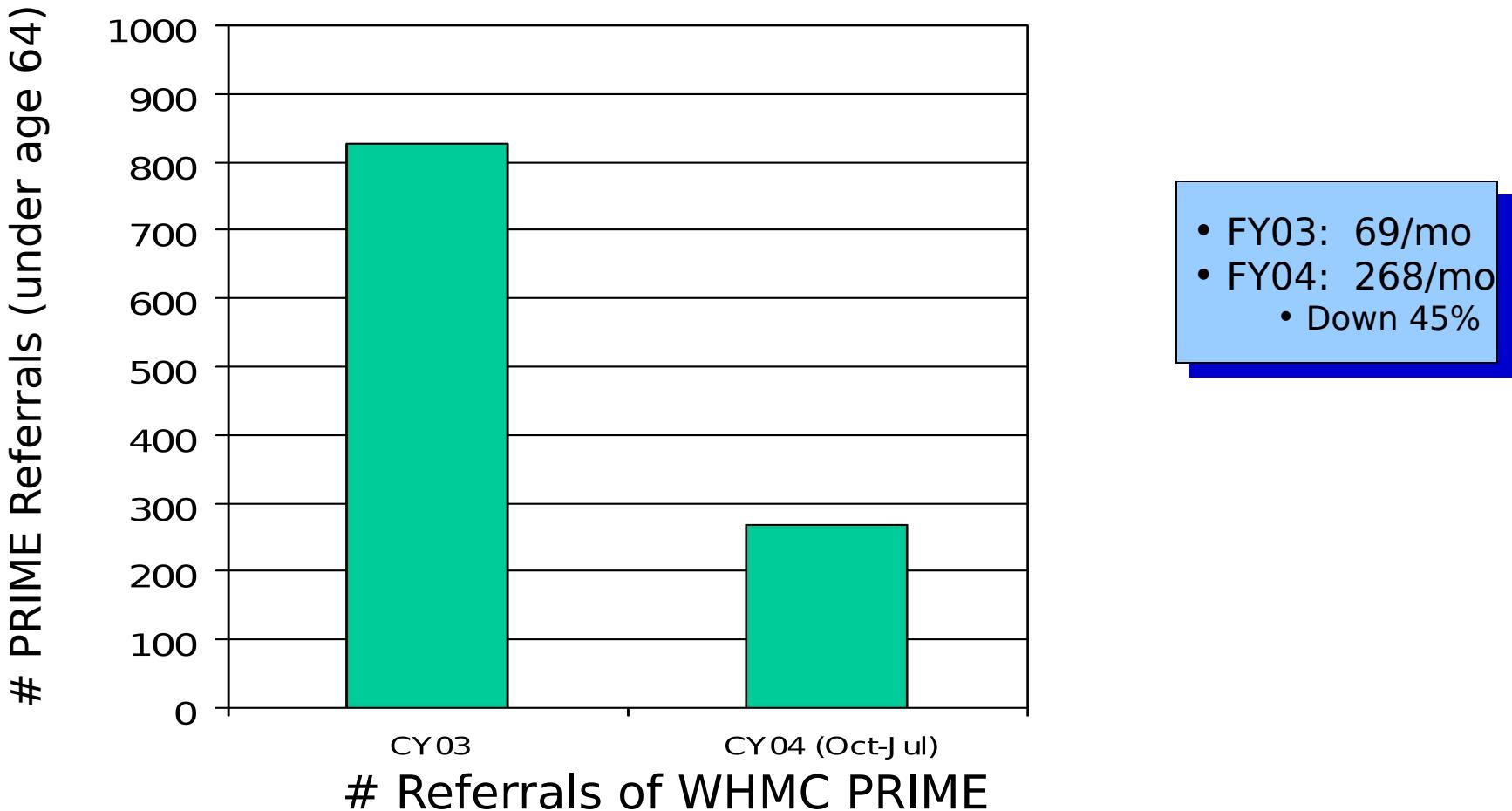
Gastroenterology Direct Outpatient Care

Work RVUs Oct 04 - May 04



Gastroenterology

PRIME Containment & Referrals (OP)



Gastroenterology

Market Share

- WHMC and BAMC have approximately **90%** of the market share (FY03 Data)
 - WHMC CMAC: \$1.88M
 - BAMC CMAC: \$0.97M
 - Purchased Care CMAC (< 65 yrs): \$322K (10%)

Category	FY03	FY04 To Date
AD	\$ 2,387	\$ 1,195
BAMC Prime	\$ 21,450	\$ 10,398
WHMC Prime	\$ 94,303	\$ 66,849
Other MTFs	\$ 72,684	\$ 49,106
Network PRIME	\$ 74,805	\$ 52,150
Standard < 65	\$ 56,380	\$ 36,818
Total < 65	\$ 322,009	\$ 216,516

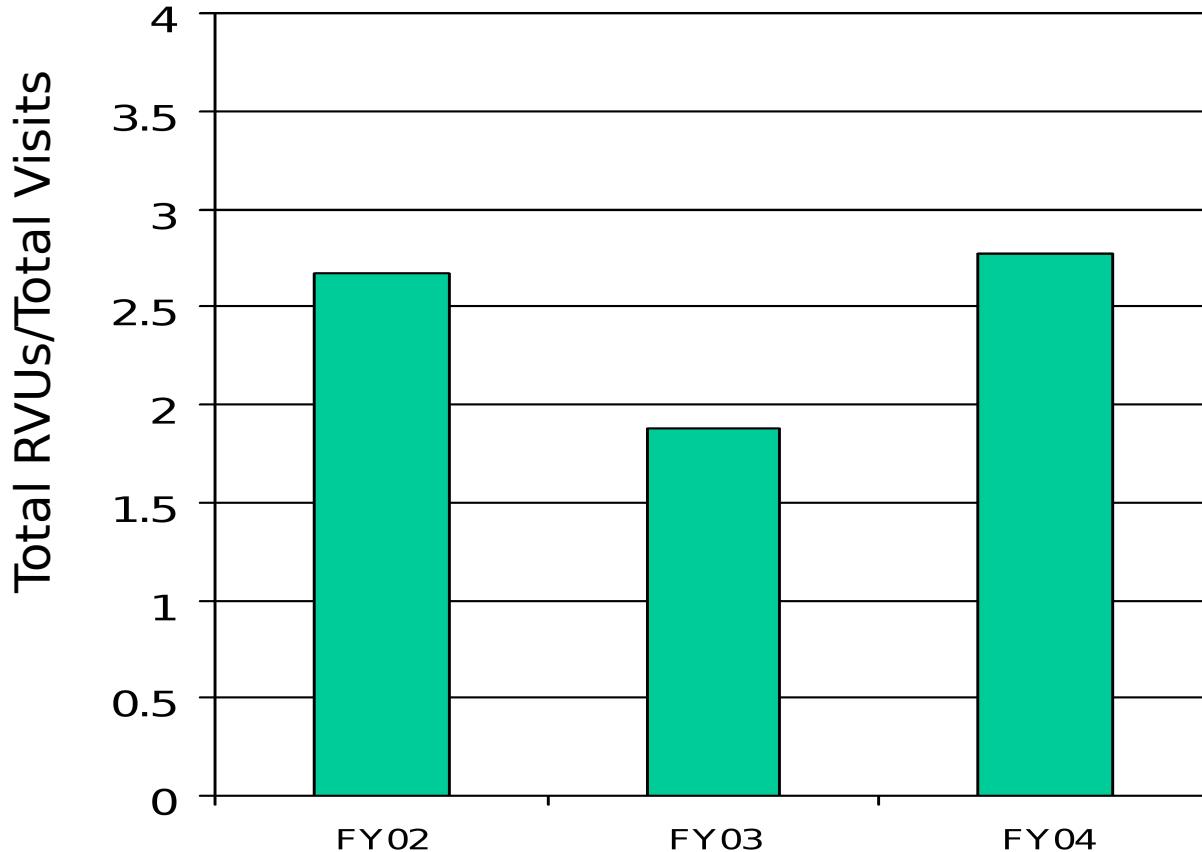
Gastroenterology Coding Analysis

- Coder Situation: 1 coder (outpatient)
- Data Quality* (Goal: 90% or more)
 - ICD9: 89.3% (WHMC Avg: 80.7%)
 - CPT: 45.5% (WHMC Avg: 76.8%)
 - E&M: 96.6% (WHMC Avg: 81.3%)

- Jul 04 Audit
- Meeting AFMSA Standard in all areas

Gastroenterology

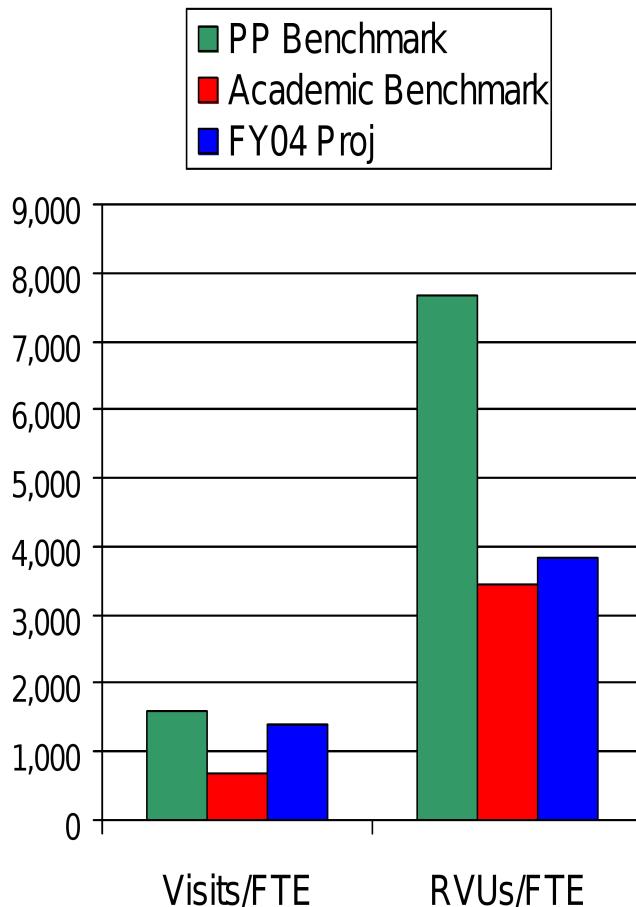
RVU/Visit (FY02 to FY04)



- FY04 RVU/Visit is up 47% over FY03

Gastroenterology

Benchmark Comparison per FTE



1 Staff = 1 FTE	
#FTEs	5
Proj FY04 Visits*	6,909
Proj FY04 Visits/FTE	1,382
Academic Benchmark (visits/FTE)	670
% Compared to Acad. Benchmark	206%
FY04 RVUs (Proj)	19,128
RVU/Visit	2.77
RVU/FTE	3,826
Academic Benchmark (RVI/FTE)	3,441
% Compared to Acad. Benchmark	111%

- **Exceeding** the academic benchmarks

For both Visits/FTE and RVUs/FTE

Gastroenterology

Business Plan Performance Oct-May

04

Current	FY02 (BP Target)	FY04 (Actual Oct-Jun)	Difference	\$ Implications
IHC	6,907.0	8,352.0	1,445.0	\$ (106,930)
Other DC	1,046.0	729.0	(317.0)	\$ 23,458
PSC (Estimate)	956.0	903.0	(53.0)	\$ 3,922
Total Prime	8,909.0	9,984.0	1,075.0	\$ (79,550)
FFS Other Enr	2,834.0	2,694.0	(140.0)	\$ (10,360)
FFS Space-A	1,919.0	1,107.0	(812.0)	\$ (60,088)
FFS Plus	3,972.0	2,286.0	(1,686.0)	\$ (124,764)
Total FFS	8,725.0	6,087.0	(2,638.0)	\$ (195,212)

- PRIME: -\$80K
- FFS: -\$195K
- Total: -\$275K

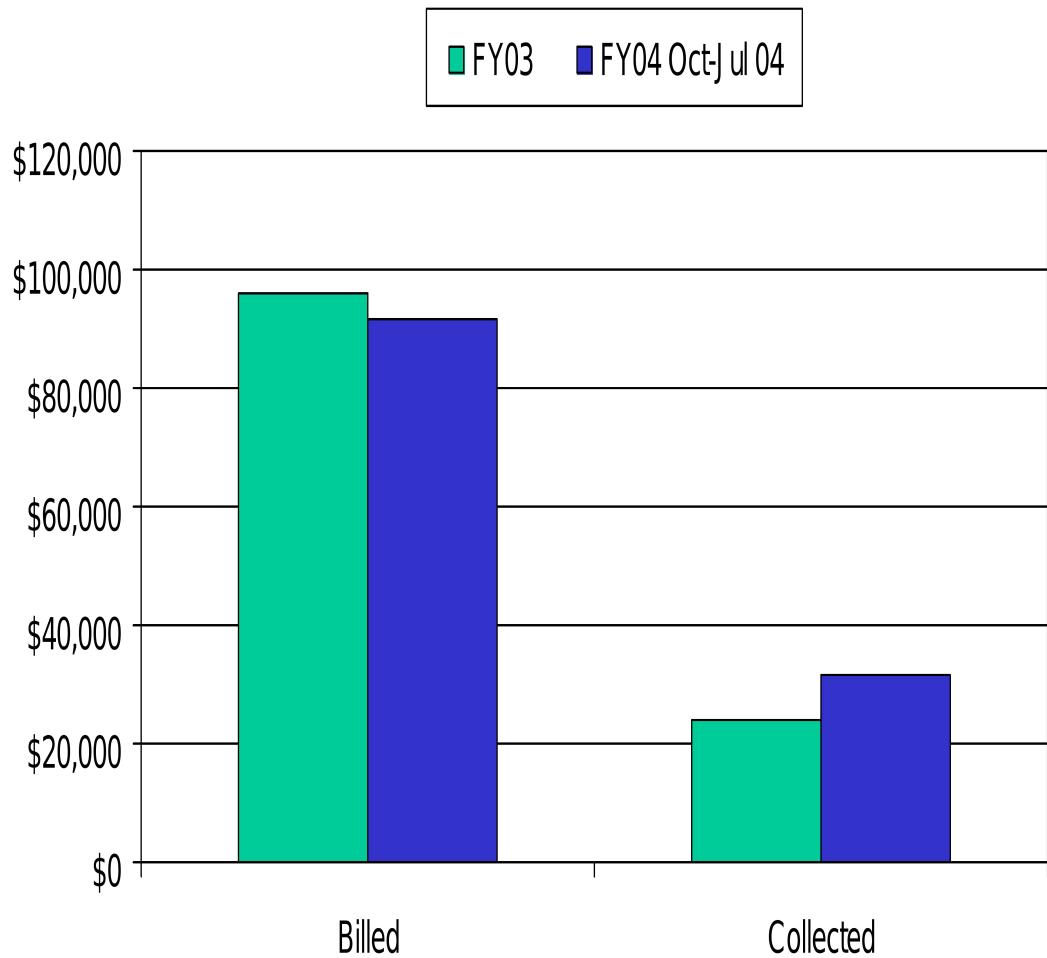
Gastroenterology

FY05 Estimated Performance Oct-May 04

Future BP	FY05 (03 LOE)	FY04 (Actual Oct-Jun)	Difference	\$ Implications
IHC	7,113.0	8,352.0	1,239.0	\$ (91,686)
Other DC	932.0	729.0	(203.0)	\$ 15,022
PSC (Estimate)	956.0	903.0	(53.0)	\$ 3,922
Total Prime	9,001.0	9,984.0	983.0	\$ (72,742)
FFS Other Enr	1,750.0	2,694.0	944.0	\$ 69,856
FFS Space-A	1,240.0	1,107.0	(133.0)	\$ (9,842)
FFS Plus	3,182.0	2,286.0	(896.0)	\$ (66,304)
Total FFS	6,172.0	6,087.0	(85.0)	\$ (6,290)

- PRIME: -\$73K
- FFS: -\$6K
- Total: -\$79K

Gastroenterology Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0.25
 - FY04: 0.34 (up 36%)
 - .37 for APVs
 - .32 for visits
- Billing Rate
 - FY03: \$8K/Mo
 - FY04: \$9.2K/Mo (up 15%)

→ \$31.5K collected
as of Jul 04

Gastroenterology Customer Satisfaction

- DoD Customer Satisfaction Survey
 - Overall Experience: 67% satisfied (vs. 83% WHMC average)
 - FY02: 100%; FY03: 63%

Clinic

Clinic Initiatives

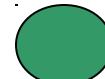
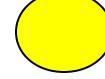
- Initiatives
 - Processing room to prep patients for procedures
 - Decreases room turnover time
 - Colon Cancer screening class
 - 15-20 per/week, frees up 60-80 clinic appointments/month
 - Civilian and military trained for scheduling position
 - Routine/quick appt put in est slots
 - No appointment goes unfilled

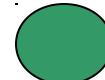
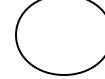
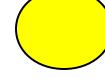
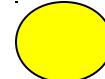
Clinic

Clinic Issues/Requirements

- No Secretarial support – out on disability
- Space – plan to move to 2b still up in the air
 - Small recovery area currently (4-5 patients)
 - Recovery unit not in ideal location
- Efficiency hurt by GME
 - Staff required to supervise fellows during endoscopy
 - Fellows work at pace $\frac{1}{2}$ that of staff
- New flouro unit needed for ERCP
 - Not authorized due to future move

Gastroenterology Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templatized Appointments	
Visits/Surgeries over Time	
PRIME Containment	
Market Share	

Area Reviewed	
Reimbursements	
Data Quality	
Productivity vs. Civilian Benchmarks	
Total RVUs vs. BP Target	
BP Performance Oct-Apr 04	
Proj. BP Performance (New Targets)	
Customer Satisfaction	

Gastroenterology

Next Steps

- Step 2
 - Follow-up: 12 Oct at 1530
 - Step 3
 - Projected WHMC/BAMC Brief: Nov 04



Integrity - Service - Excellence

Back-up Slides

Gastroenterology Private Sector Care: Purchased Care & Recapture

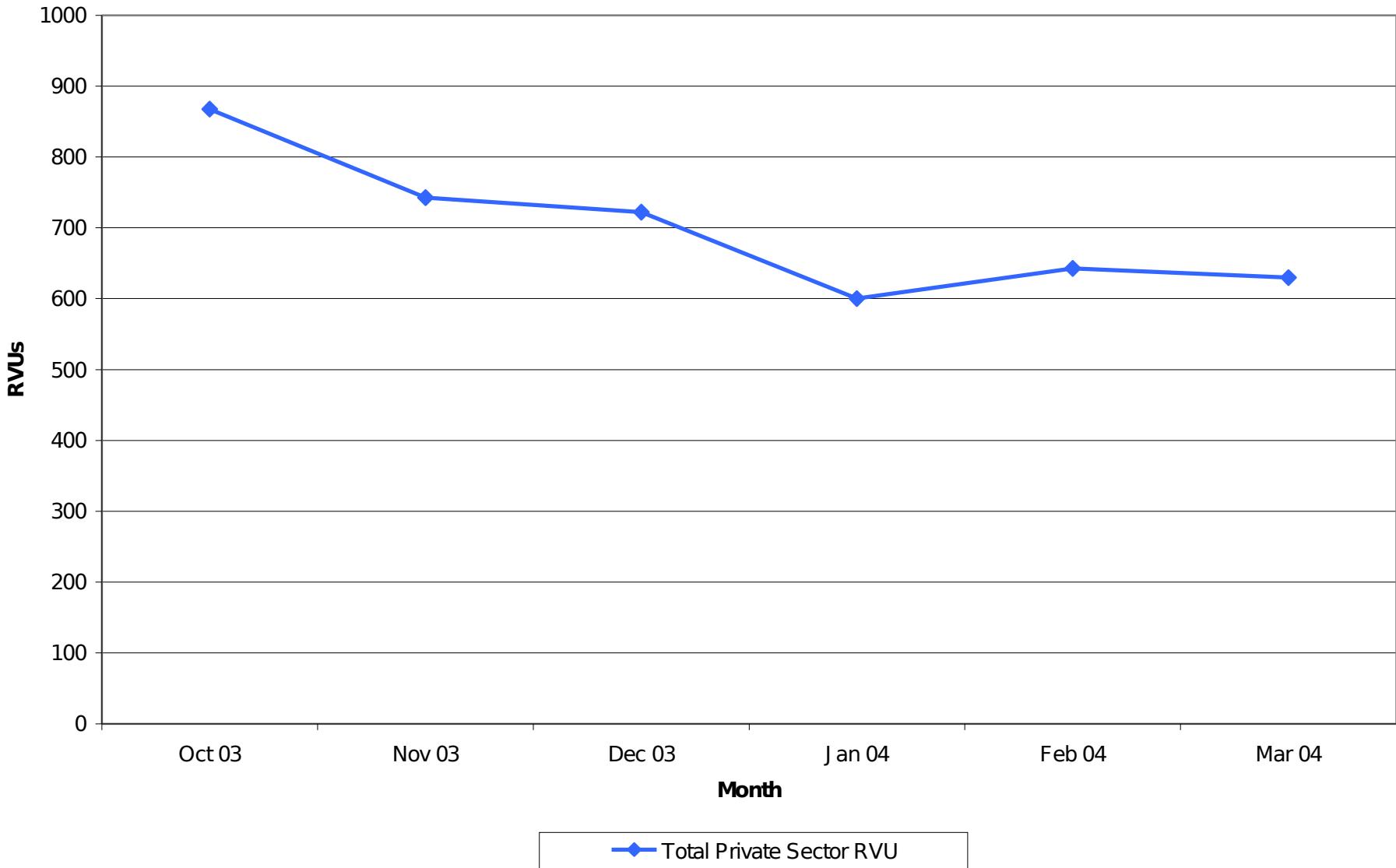
Private Sector Service Line Analysis

Outpatient Gastroenterology

Amount Paid by Physician Specialty of Private Sector Outpatient Claims by Beneficiary Category in FY04

Physician Specialty	Active Duty	Prime to BAMC	Prime to WHMC	Prime to RAFB/BAFB	Prime to other MTF	Prime to Network	Space A < 65	Total < 65
Gastroenterology	\$1,195.45	\$10,398.48	\$66,849.28	\$47,641.05	\$1,465.99	\$52,150.16	\$36,818.41	\$216,518.82

Private Sector Gastroenterology RVUs in FY04



MTF Prime - Top 20 Private Sector Gastro Outpatient Procedures by Volume in FY04

Procedure Code	Count	Description
45378	116	COLONOSCOPY FLEX PROXIMAL TO SPLENIC FLEXURE DIAGNOSTIC
99141	87	SEDATION W/WO ANALGESIA;INTRAVENOUS,INTRAMUSCULAR/INHALATION
45385	76	COLONOSCOPY REMOVE LESIONS BY SNARE TECHNIQUE
99243	72	OUTPATIENT CONSULT, NEW/ESTAB PATIENT, LOW COMPLEXITY
99213	58	OUTPATIENT VISIT, ESTABLISHED PATIENT, LOW COMPLEXITY
43239	56	UPPER GI ENDOSCOPY W/BX SINGLE OR MULTIPLE
99232	40	SUBSEQUENT HOSPITAL CARE, PER DAY
99244	37	OUTPATIENT CONSULT, NEW/ESTAB PATIENT, MODERATE COMPLEXITY
45380	34	COLONOSCOPY WITH BIOPSY, SINGLE OR MULTIPLE
99214	30	OUTPATIENT VISIT, ESTABLISHED PATIENT, MODERATE COMPLEXITY
99212	29	OPV, EST; PROB FOC HX & EXAM, STFWD DEC, 10 MIN
43235	15	UPPER GI ENDOSCOPY DIAGNOSTIC W/W/O SPECIMEN COLLECTION
99203	14	OUTPATIENT VISIT, NEW PATIENT, LOW COMPLEXITY
99242	12	OFF CONSUL,NEW/EST:EXPAN PROB FOCUS HX & EX;STRTFWD DECIS(G)
99254	8	INPATIENT CONSULT, W/ NEW/ESTAB PATIENT, MODERATE COMPLEXITY
45330	8	SIGMOIDOSCOPY FLEX DIAGNOSTIC W/W/O SPECIMENS (SEP. PROC.)
99233	8	SUBSEQUENT HOSPITAL CARE, PER DAY
43450	7	DILATE ESOPHAGUS UNGUIDED SOUND/BOUGIE SINGLE/MULT. PASSES
99253	7	INPATIENT CONSULT, W/ NEW/ESTAB PATIENT, LOW COMPLEXITY
99231	6	SUBSEQUENT HOSPITAL CARE, PER DAY

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

Space A - Top 20 Private Sector Gastro Outpatient Procedures by Volume in FY04

Procedure Code	Count	Description
99213	75	OUTPATIENT VISIT, ESTABLISHED PATIENT, LOW COMPLEXITY
45378	63	COLONOSCOPY FLEX PROXIMAL TO SPLENIC FLEXURE DIAGNOSTIC
43239	62	UPPER GI ENDOSCOPY W/BX SINGLE OR MULTIPLE
99212	50	OPV, EST; PROB FOC HX & EXAM, STFWD DEC, 10 MIN
99141	49	SEDATION W/WO ANALGESIA;INTRAVENOUS,INTRAMUSCULAR/INHALATION
45380	44	COLONOSCOPY WITH BIOPSY, SINGLE OR MULTIPLE
99214	35	OUTPATIENT VISIT, ESTABLISHED PATIENT, MODERATE COMPLEXITY
99243	34	OUTPATIENT CONSULT, NEW/ESTAB PATIENT, LOW COMPLEXITY
99232	30	SUBSEQUENT HOSPITAL CARE, PER DAY
45385	23	COLONOSCOPY REMOVE LESIONS BY SNARE TECHNIQUE
43235	14	UPPER GI ENDOSCOPY DIAGNOSTIC W/W/O SPECIMEN COLLECTION
82270	12	BLOOD, OCCULT; FECES, 1-3 SIMULTANEOUS DETERMINATIONS
99244	12	OUTPATIENT CONSULT, NEW/ESTAB PATIENT, MODERATE COMPLEXITY
99233	10	SUBSEQUENT HOSPITAL CARE, PER DAY
99253	10	INPATIENT CONSULT, W/ NEW/ESTAB PATIENT, LOW COMPLEXITY
99231	9	SUBSEQUENT HOSPITAL CARE, PER DAY
99242	9	OFF CONSUL,NEW/EST:EXPAN PROB FOCUS HX & EX;STRTFWD DECIS(G)
45384	9	COLONOSCOPY REMOVE LESIONS BY HOT BX FORCEPS/BIPOLAR CAUTERY
99203	9	OUTPATIENT VISIT, NEW PATIENT, LOW COMPLEXITY
43450	5	DILATE ESOPHAGUS UNGUIDED SOUND/BOUGIE SINGLE/MULT. PASSES
99215	5	OUTPATIENT VISIT, ESTABLISHED PATIENT, HIGH COMPLEXITY

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

Private Sector Service Line Analysis

Inpatient Gastroenterology

Amount Paid by MDC of Private Sector Inpatient Claims by Beneficiary Category in FY04

Major Diagnostic Category	Active Duty	Prime to BAMC	Prime to WHMC	Prime to RAFB/BAFB	Prime to other MTF	Prime to Network	Space A < 65	Total < 65
DIGESTIVE SYSTEM	\$21,049.83	\$82,518.08	\$57,630.30	\$10,861.22		\$37,878.20	\$53,303.92	\$263,241.55

Gastro Inpatient by Admission Type	Active Duty	Prime to BAMC	Prime to WHMC	Prime to RAFB/BAFB	Prime to other MTF	Prime to Network	Space A < 65	Total < 65
Emergent / Urgent	\$17,880.21	\$26,942.91	\$51,118.48	\$10,861.22		\$24,006.47	\$42,843.30	\$173,652.59
Elective	\$3,169.62	\$55,575.17	\$6,511.82			\$13,871.73	\$10,460.62	\$89,588.96

MTF Prime - Private Sector Gastro Inpatient DRGs by Volume in FY04

DRG	Count	DRG Description
173	16	DIGESTIVE MALIGNANCY W/O CC
184	5	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17
182	3	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC
171	2	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
188	2	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
176	2	COMPLICATED PEPTIC ULCER
180	2	G.I. OBSTRUCTION W CC
183	2	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC
179	1	INFLAMMATORY BOWEL DISEASE
148	1	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
167	1	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
165	1	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
164	1	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
160	1	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
158	1	ANAL & STOMAL PROCEDURES W/O CC
154	1	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC
174	1	G.I. HEMORRHAGE W CC

Space A - Private Sector Gastro Inpatient DRGs by Volume in FY04

DRG	Count	DRG Description
148	3	MAJ OR SMALL & LARGE BOWEL PROCEDURES W CC
183	3	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC
180	3	G.I. OBSTRUCTION W CC
149	2	MAJ OR SMALL & LARGE BOWEL PROCEDURES W/O CC
179	2	INFLAMMATORY BOWEL DISEASE
160	2	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
172	2	DIGESTIVE MALIGNANCY W CC
175	1	G.I. HEMORRHAGE W/O CC
155	1	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
159	1	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC
165	1	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
167	1	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
147	1	RECTAL RESECTION W/O CC
174	1	G.I. HEMORRHAGE W CC
477	1	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
177	1	UNCOMPLICATED PEPTIC ULCER W CC
178	1	UNCOMPLICATED PEPTIC ULCER W/O CC
181	1	G.I. OBSTRUCTION W/O CC
182	1	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC
184	1	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17
188	1	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
173	1	DIGESTIVE MALIGNANCY W/O CC